

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

011319 204  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5		①				
6		2				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
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43		①				
44		①				
45		①				
46		①				
47		①				
48		①				
49		①				
50		①				
TOTAL IND.	2					
TOTAL DEP.	3					
TOTAL CLAIMS	3					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						